

**NEW HIRE/NEW HIRE-PRIOR SERVICE
PERMANENT FULL-TIME POSITION CHECKLIST**

Name:

Social Security Number:

Position:

Dept/Bur/Div:

PRE-EMPLOYMENT PROCESSING

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| <p><input type="checkbox"/> Personnel Requisition</p> <p><input type="checkbox"/> I.N.S. (Form I-9)
 Attachments</p> <p><input type="checkbox"/> Pre-employment Medical Exam Form</p> <p><input type="checkbox"/> Pre-employment ID Processing Request</p> | <p><input type="checkbox"/> ~ If Applicable:</p> <p> _____ Management Appointment Letter</p> <p> _____ Request for Exception to Step Placement Policy</p> <p> _____ Authorization to Hire a Minor</p> <p> _____ Request for Background Information</p> |
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EMPLOYMENT PROCESSING

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| <p><input type="checkbox"/> Employee Data</p> <p> _____ New Employee Data Form</p> <p> _____ HR-1 Form</p> <p><input type="checkbox"/> ID Processing</p> <p> _____ D.O.J. Clearance</p> <p><input type="checkbox"/> Tax Withholding</p> <p> _____ Federal/State Tax Form</p> <p><input type="checkbox"/> Pension System (if eligible)</p> <p> _____ PERS Membership Form</p> <p> _____ Special Power of Attorney Form and Info/Instruction Sheet</p> <p><input type="checkbox"/> Group Insurance Information</p> <p> _____ Benefits' Summary Book</p> <p> _____ Health/Dental Insurance Memo</p> <p><input type="checkbox"/> C.O.B.R.A. Information</p> <p> _____ Memo (To All Employees)</p> <p> _____ Memo (To All Family Members)</p> <p> _____ Memo (Employee Beneficiary Notification)</p> <p><input type="checkbox"/> Voluntary Deductions/Information</p> <p> _____ Charities</p> <p> _____ Child Support</p> <p> _____ Credit Union</p> <p> _____ Deferred Compensation</p> <p> _____ Education Reimbursement</p> <p> _____ Employee Organization</p> <p> _____ Flexible Spending</p> <p> _____ U.S. Savings Bonds</p> <p><input type="checkbox"/> Safety</p> <p> _____ New Employee Safety Orientation Form</p> <p> _____ CLB Safety Training Assessment</p> <p> _____ DMV Driving Record Release Form
 <i>(Employees driving for the City ONLY)</i></p> | <p><input type="checkbox"/> Group Insurance Enrollment</p> <p> _____ Health/Dental Enrollment</p> <p> _____ In-Hospital Indemnity (Optional)</p> <p> _____ Life Enrollment</p> <p> _____ Long-Term Care (Optional)</p> <p> _____ D.I.C.E. Memo</p> <p><input type="checkbox"/> Workers' Compensation</p> <p> _____ Pamphlet</p> <p> _____ Memo-Treatment by Personal Physician</p> <p> _____ Signature Form</p> <p><input type="checkbox"/> Handouts/Information</p> <p> _____ Accident Procedure (Wallet Card)</p> <p> _____ Bus Pass Program Flyer</p> <p> _____ Direct Deposit Form</p> <p> _____ Emergency Action Plan</p> <p> _____ New Employee Orientation</p> <p> _____ ~ Update Attendance List</p> <p> _____ Ethics Handbook</p> <p><input type="checkbox"/> Policies/Signature Forms</p> <p> _____ Alcohol & Drug Usage</p> <p> _____ Discrimination Complaints</p> <p> _____ Unlawful Harassment Complaints</p> <p> _____ Computer and Technology Systems Security</p> <p> _____ Workplace Threats and Violence</p> <p> _____ Code of Ethics</p> <p> _____ Election to Receive/Not Receive Public Records</p> <p> _____ Memo - Acknowledging receipt of above policies</p> <p> _____ Injury & Illness Prevention Plan</p> <p> ~ If Applicable:</p> <p> _____ Auto Allowance Form</p> <p> _____ Civic Center Parking Memo</p> <p> _____ ~ Update waiting list</p> <p> _____ Collateral Employment Form</p> <p> _____ Form 700 Statement of Economic Interest</p> |
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